

Program Management Self Assessment

FaDSS Grantee: _____ Staff Name: _____

This form is to be completed individually by the program coordinator, director (if there is one), and all supervisors in the program prior to the site visit.

1. What is your current position and how long have you been in your current position?
2. What are your specific roles and responsibilities in the FaDSS program?

If you have other duties beyond FaDSS, please share these too.

3. What are the purposes of the FaDSS program as you see them?
4. What is your process of providing supervision to staff? (touch on all aspects of this and answer a and b)

a. How do you evaluate staff?

b. How are you as a supervisor evaluated?

5. Explain how FaDSS works with other agencies. Give an example.

6. Explain how FaDSS communicates family progress to PROMISE JOBS and DHS as well as any other primary partners in your program.
7. Have you experienced any barriers/roadblocks to optimum program operations from your partners? Describe.
8. Describe the level of support you receive from your agency.

Have you experienced any barriers/roadblocks to optimum program operations from within your agency? Describe.

9. What are the strengths of your program?
10. What changes would you like to make to strengthen the program further?

